U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

1. File Number U

Name Ramel

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any  $_{190B}$ 

Street 5339 I-55 North, Suite 190B

White

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

1 / 2004 Through: 12 / 31 / 2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

P.O. Box, Building and Room Number, if any 190B

Street 5339 I-55 North, Suite 190B

Labor Organization File Number 066-238

Name Southern Council of Industrial Workers

City Jackson	City Jackson				
State Mississippi ZIP Code + 4 39206	State Mississippi ZIP Code + 4 39206				
5. Position in labor organization. Executive Secretary/Treasurer					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	7.b. Amount.				
City #1.					
State  ZIP Code + 4 stright your substituting at the product of th					
Signature					
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the second secon	ing documents), has been examined by the signatory and is, to the best of the				

Name of Person Filing Ramel White	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Trade Name, if any:	a. Labor Organization  b. Trust  c. Employer				
P.O. Box, Bldg., Room No., if any					
Street					
City State ZIP Code + 4					
	11 a Natura of augh dooli				
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Southern Co of Ind. Workers Health & Welfare	11.a. Nature of such dealing.  Southern Council of Industrial Workers is the sponsor of Southern Council of Industrial Workers				
Trade Name, if any:		aft Hartley Trust Fund			
P.O. Box, Bldg., Room No., if any					
Street 602 Virginia Street	11.b. Approximate dollar valu	e of such dealing			
City Charleston	12.a. Nature of interest held or income received.				
State West Virginia ZIP Code + 4 25301		mbursement as Trustee of Fund			
	12.b. Amount.	\$1,025			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Name of Person Filing Rame1	White			File Number U-		
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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a Johan Ozzasianian
Trade Name, if any:	a. Labor Organization
	b. Trust
P.O. Box, Bldg., Room No., if any	
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Southern Co of Ind. Workers Pension	Southern Council does not participate in this fund, however, Ray White is a Trustee of the fund.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 602 Virginia Street	
City Charleston	
State West Virginia ZIP Code + 4 25311	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Travel expense reimbursement as Trustee of Fund
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	12.b. Amount. \$106